

File No: Thevan

Ref: Ntuc NS/INC21012769/Vvc

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKN 9901L

Policy No. _____

Claims No. MT/1154416-002

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lum Sum: _____ % Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: 51125538E Yr Regn: 10/8/17
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota prius cc 1798

Colour: blue AC: Insured / Std / Nil / NA

Sp. Reading: 497264 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: STDH133Fu303563380

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Good / Jammed / Leaked / Burnt or

Brake: Good / Jammed / Leaked / Burnt or

Modi: Nil / IRIm / STD A/RIm or

Tyre Size: F: 195/65R15

R: 195/65R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or westlake

Front	Rear
R/Bal. <u>5</u> mm	R/Bal. <u>5</u> mm
L/Bal. <u>5</u> mm	L/Bal. <u>5</u> mm
D.O.A. <u>11/12/21</u>	D.O.I. <u>14/12/21</u> <u>1730</u>

Survey held at COGE

Des. of Damages: Front / Rear / O/S / N/S / U/C / Roof/Top or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>recheck: 20/31</u>
	<u>Got B E</u>
20/12/21	Thevan confirmed LS \$4350 (Red 5665.06, 56%)

Date/Time, File Pass to? ☐ : Procl. Report

1) ☐ : Final Report

Date/Time, File Return to?

21/12/21-typist

Days Of Repair: 4

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Inve (\$)
☐ : Witness (\$)

Survey Fee:

Transportation: _____

S + RS. \$ _____

Fines _____

Other _____

Taxi _____

Report Folios: TP

Loss: 2146 / 1181: LS \$4350

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	FRT BUMPER COVER			\$499.90
1	FRT BUMPER REINFORCEMENT			\$364.20
1	FRTBUMPER CENTRE GRILLE			\$166.90
1	FRT BUMPER LOWER GRILLE			\$301.90
1	FRT BUMPER TOW COVER			\$28.38
10	BUMPER CLIPS		\$2.20	\$22.00
1	FRONT NUMBER PLATE EXTESION			\$99.00
1	BONNET			\$950.50
1	FRT GRILLE EMBLEM			\$88.00
1	BONNET LOCK			\$132.60
1	HEAD LAMP LH/ RH		\$2,637.50	\$5,275.20
2	FRT BUMPER SIDE RETAINER /LH/RH		\$77.00	\$154.00
1	REAR BUMPER			\$458.60
1	REAR BUMPER UNDER COVER			\$552.60
10	REAR BUMPER CLIP		\$2.20	\$22.00
1	REAR BUMPER BRACKET LH			\$94.80
SUB TOTAL				\$9,210.58
LESS 25%				\$2,302.64
DISCOUNTED TOTAL				\$6,907.93
1	REAR BUMPER MAT			\$50.00
1	REAR BUMPER ADVERTISEMENT			\$50.00
1	REAR REVERSE SENSOR			\$135.70
1	FRONT NUMBER PLATE W/HOLDER			\$50.00
LKK Auto Consultants hence notify the Repairer of the following:				\$267.13
- To resurvey before/after spray painting - To display damaged part(s) during resurvey - Parts prices are subject to confirmation - Third party survey is on a "Without Prejudice" basis - No illegal modification(s) is allowed - Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company				
Acknowledged by Repairer				
Signature:				
TOTAL LABOUR				\$2,840.00
ESTIMATE TOTAL				\$10,015.06

Labour Charge

Panel Beating

Spray Painting Charge

Check Wiring & Lighting

Reset Front Wheel Alignment

tuff coat

Thuan elth auto .lon

4822 35769

11/12/21 1730

L/S after repair photo
4 days up

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Date/Time: 14.12.2021 08:31

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order: 4151749

JC NO305497833

CUSTOMER
VMS COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO 7010045
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65508755
(R) (D)
(P)

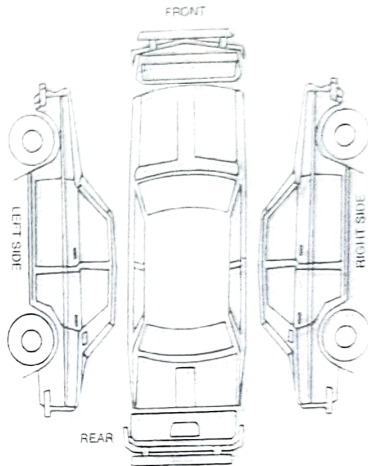
REGN NO	SHD3538E	MILEAGE
MAKE	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)13	DATE/TIME IN 12.2021 16:10
YR OF MANU	10.08.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU303563380	COMPLETION DATE/TIME

ACCOUNT CARD NO

JOB DESCRIPTION

Accident Date: 11.12.2021
NATURE: 3P 11.12.2021

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SHD3538E CHIANG

Vehicle No.: SHD3538E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date of Submission	13/12/2021 18:55 (SGT)
Date of Accident	11/12/2021 16:35 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3538L
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Company Reg No	1XXXXX821R
Email Address	fleetsafety@cdgtaxi.com.sg
Mobile Phone No	(Phone) +65-81010191
Alternative Phone No	(Office) +65-65508768

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Prius
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Taxi
Transmission	Auto
CC	1798

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	Yes
Policy Number	VFX/P2419138
Cover Note Number	-

DRIVER

Name of Driver	THAM TZE KANG
NRIC No	SXXXX693B

Date Of Birth	21/05/1977
Occupation	Outdoor
Date Of Driving Pass	04/03/2002
Driving experience	19 YEARS AND 9 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81010191
Alt. Phone Number	-
Email Address	fleetsafety@cdgtaxi.com.sg
Address	292A BUKIT BATOK EAST AVENUE 6 #22-208
Address complement	-
Postcode	651292
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Hirer
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT No.T/20211212/7000

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	FILE IS NOT SUITABLE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLT5335D
Vehicle Manufacturer	Honda
Vehicle Model	Vezel
Vehicle Variant	-
Vehicle Colour	-

Vehicle Category	Private car
Name of Driver	KIA
Contact Number	(Phone) +65-92287419
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	2

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKN9901L
Vehicle Manufacturer	Hyundai
Vehicle Model	Santa fe
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	JESSIE
Contact Number	(Phone) +65-98638739
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	THAM TZE KANG(TAN ZHIKANG)
Gender	Male
Phone No	(Phone) +65-98638739
Address	92A BUKIT BATOK EAST AVENUE 6 #22-208
Address Complement	-
Post Code	651292
Approximate Age Years Old	44
Injuries Sustained	-
Injured person in which vehicle?	SHD3538L
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law firms/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:

(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;

(ii) investigating the accident and/or my claims;

(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;

(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law firms/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law firms/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

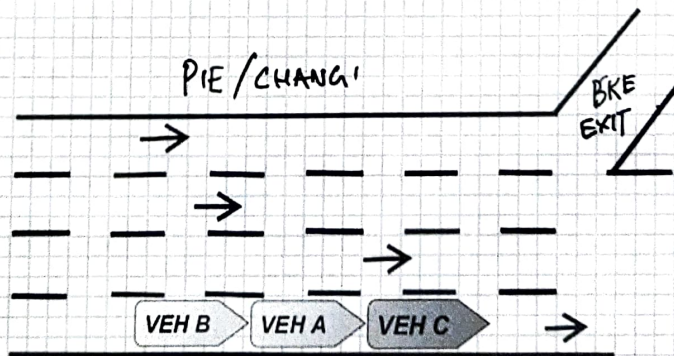
Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SHD 3538E
B - SKN 9901L
C - SLT 5335D



Describe Circumstances of the Accident

REFER TO POLICE REPORT
T/20211212/7000

Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date &
Time

Driver's Signature (If driver is not the policyholder) / Date
& Time

13.12.2021

1725HRS

Witnessed by Reporting Centre
Personnel

W. Y. Y.



**SINGAPORE
POLICE FORCE**



T/20211212/7000

Police Station Of Origin
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No: T/20211212/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 12/12/2021 00:01		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: THAM TZE KANG			Address 292A BUKIT BATOK EAST AVENUE 6 #22-208 SINGAPORE 651292		
ID Type / ID No.: NRIC NO / S7713693B			Contact No.: Home/Office: Mobile: 81010191		
Nationality: SINGAPORE CITIZEN			Email: rage7712@yahoo.com.sg		
Sex: Male	Age: 44	Date of Birth: 21/05/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: taxi driver			Driving Licence Information: Class: 2B,2A,2,3,4,5		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 11/12/2021 16:35	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 80 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Conditio	No of
SHD3538E	Car				Seriously Damaged	0
SKN9901L	Car				Seriously Damaged	1



**SINGAPORE
POLICE FORCE**



T/20211212/7000

2 of 3

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No: T/20211212/7000

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
SLT5335D	Car				Seriously Damaged	2

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	THAM TZE KANG	ID No.	S7713693B
Related Vehicle	SHD3538E (Car)	Contact No.	81010191
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date	11/12/2021	Date	11/12/2021
No. of Days granted Medical Leave	05	Degree of	Serious

Brief Details.

ON THE STATED VENUE, DATE AND TIME, I, VEHICLE A, BEARING TAXI PLATE SHD3538E WAS TRAVELLING STRAIGHT IN MY LANE ON LANE 1 ALONG PIE.

THE VEHICLE IN FRONT BRAKED, SO I ALSO BRAKE.

SUDDENLY, VEHICLE B, BEARING CAR PLATE SKN9901L BANG ONTO THE REAR PORTION OF MY VEHICLE AND CAUSED ME TO PROPELLED FORWARD AND BANG ONTO VEHICLE C, BEARING CAR PLATE SLT5335D.

AFTER THE ACCIDENT, I SUFFERED DISCOMFORT AND PAIN ON MY NECK AND BACK. SO I WENT TO MOUNT ALVERNIA HOSPITAL TO CONSULT A DOCTOR. I RECEIVED 5 DAYS OF MC.



**SINGAPORE
POLICE FORCE**



T/20211212/7000

3 of 3

Report No. T/20211212/7000

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
TAY CHUN KEEN
Contact No.: 65476436

Signature Of Informant:

The identity of the person making this report has been authenticated by Singpass. No signature is required.

Date/Time:
12/12/2021 00:01

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	821R

Vehicle Details

Vehicle No.:	SHD3538E
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Dec 2021
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS HYBRID 1.8 CVT
Primary Colour:	Blue
Manufacturing Year:	2017
Engine No.:	2ZR5061537
Chassis No.:	JTDKBB3FU303563380
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$29,007.00
Original Registration Date:	10 Aug 2017
First Registration Date:	10 Aug 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	09 Aug 2025
PARF Rebate Amount:	\$3,750.00

Intended COE Rebate Details

COE Expiry Date:	09 Aug 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$36,320.00
COE Rebate Amount:	\$16,561.00
Total Rebate Amount:	\$20,311.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 16 Dec 2021

OK